

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
UTILITY PATENT APPLICATION TRANSMITTAL

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: **LEN D. TWETAN ET AL.**  
 TITLE: **TELEMETRY ANTENNA FOR AN IMPLANTABLE MEDICAL DEVICE**

16138 U.S. PTO



031004

**MAIL STOP PATENT APPLICATION**  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, \*EXPRESS No. EV 323 971 US, on this 10<sup>th</sup> day of March, 2004.

MOLLY CHLEBECK

Printed Name

Signature

 17858 U.S. PTO  
 10/797511


031004

**X Patent Application Transmittal****X Specification:**Total pages: 35 (including claims and abstract: Spec. 29 sheets; Claims 5 sheets; Abstract 1**X Drawings:**Total sheets: 21
 formal  informal
 **Combined Declaration and Power of Attorney:**

unexecuted  
 copy from prior application  
 Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))  
 Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

**X Accompanying application parts:**

Notification of filing a  
 Assignment of the Invention to Medtronic, Inc.  
 Assignment cover sheet  
 Information Disclosure Statement  
 PTO Form 1449  
 Copies of IDS citations  
 Preliminary Amendment  
 A copy of the Petition or Conditional Petition for Extension of Time in the prior application.  
 Return Postcard

**IF A CONTINUING APPLICATION:**

Continuation  Divisional  Continuation-in-part (CIP) of prior application  
 No. .

Amend the specification by inserting before the first line the sentence: --This application is a        of  
 application Serial No.       , filed       , now allowed.--

Cancel in this application original claims        of the prior application before calculating the filing fee.  
 (At least the original independent claim must be retained for filing purposes.)

The prior application is assigned of record to Medtronic, Inc.

The Power of Attorney in the prior application is to:

This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) \_\_\_\_\_, filed \_\_\_\_\_.

Address all future correspondence to: Daniel G. Chapik, Reg. No. 43,424  
Telephone: (763) 514-3066  
Customer No. 27581

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	40	20 =	20	x 18	\$360.00
Independent Claims	2	3 =	0	x 86	\$0.00
Multiple Dependent Claims			0	+ 290	
Basic Filing Fee					\$770.00
				TOTAL	\$1,130.00

Charge Deposit Account No. 13-2546 in the amount of \$1,130.00 for the filing fee and extra claims fee.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

3/10/01

Date



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